REC'd PCT/PTO 17 JAN 2006

Attomey Docket No. 1807-0187PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated

	next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Insert Title:	ARRANGEMENT AND METHOD FOR PRODUCING A THREE-DIMENSIONAL PRODUCT							
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:							
Fill in Appropriate Information –	The specification was filed			States Application	on Number		;	
	and amended on	(if	applicable) and/	or				
For Use Without Specification Attached:	the specification was filed o	n 12/12/2003	as PCT Intern	iational Application	on Number <u>PCT</u>	/SE2003/0	<u>01938</u> ;	
	and was amended on I hereby state that I ha		(if applicable	e)				
Insert Priority Information (it appropriate)	claims, as amended by any a J acknowledge the dut Federal Regulations, §1.56. I do not know and do our invention thereof, or pe thereof or more than one ye of America more than one ye of an application filed by n prior to this application, and country fereign to the Univ except as follows. I hereby claim foreign for patent or inventor's cert inventor's certificate having Prior Foreign Application 0203766-1 (Number) (Number)	mendment referror y to disclose infor not believe the sar itented or describe ar prior to this app ear prior the date no or my legal rep that no applicatio de States of Ameri priority benefits un tificate listed belo a filing date before on(s) (Country) (Country)	I to above. mation which is no mation which is no many printed it is any printed it is any printed it is application, that the same polication of this application resentative or assin for patent or this application ander Title 35, United ward have also have also.	naterial to patents on or used in the U publication in any ime was not in pul invention has not in any country fo gus more than twe entor's certificate o plication by me o ed States Code, \$1 Identified below a tion on which pric Month/Da (Month/Da (Month/Da	ability as defined ability as defined ability as defined by country before no bic use or on sale been patented or reign to the Unite relive months (six non this invention for my legal representation) and for the invention of the invent	in Title 37, merica before my or our ir in the Unite made the s and States of months for has been file entatives or oreign applie	Code of re my or nvention ed States to America designs) ed in any assigns, cation(s)	
	(Number) (Country) (Month/Day/Year Filed) Yes No I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional Application(s): (if any)	(Application Number)		(Fi	ling Date)				
	(Application Number)		(Fi	ling Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
Insert Requested Information (if appropriate)	-		Application No	ımber	Date of Filing (M	ionth/Day,	/Year) ———	
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112 I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, pending, abandoned)			
, ,	(Application Number)	(Filing Date)	(Statu	us - patented, pen	iding, aban	doned)	
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Attorney Docket No. 1807-0187PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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Telephone: (703) 205-8000 • Pacsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	Full Name of Piret or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
	Insert Name of	Morgan LARSSON		- 0508/2					
\sim	Inventor		- Harfun From	CITIZENSHIP					
ω	Decument is Signed	Residence (City, State & Country)	~~ (I)	Sweden					
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	Address -								
		GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	full Name of Second Inventor, if any	OTAEM MANATEL LVIATER MANATE	111111011001011111111111111111111111111						
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	inventor, if any								
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	Inventor, if any:	1							
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	Full Name of Fifth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
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*DATE OF SIGNATURE

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